

STATE OF CALIFORNIA
Department of Managed Care

PARTNERSHIP INFORMATION FORM
EXHIBIT F-1-ii

To be used in response to Item F-1-b of Form HP **1300.51**.

1. Name of Applicant (as in Item 1-a):

Full Name – First Middle and Last Names

2. State of organization:

3. Date of organization:

Full Date – Month Day, Year

4. Names of Partners and Principal Management: List all general, limited and special partners and all persons who perform principal management functions. If this is an amended exhibit, place an asterisk (*) before the names of persons for whom a change in title, status or partnership interest is being reported and place a double asterisk (**) before the names of persons which are added to those furnished in the most recent previous filing.

Full Name – First Middle and Last Names

Title or
Duties:

Relationship Beginning
Date:

Date – Month Day, Year

Capital Contribution Percentage

Type of Partner:

Full Name – First Middle and Last Names

Title or
Duties:

Relationship Beginning
Date:

Date – Month Day, Year

Capital Contribution Percentage

Type of Partner:

Full Name – First Middle and Last Names

Title or
Duties:

Relationship Beginning
Date:

Date – Month Day, Year

Capital Contribution Percentage

Type of Partner:

5. If this is an amended exhibit, list below the names reported in the most recent filing of this exhibit which are deleted by this amendment:

(3) Sole Proprietor Information Form.